

Bob Potts Heritage Rail Trail Marathon

<http://www.bobpottsmarathon.com>

When: Sunday, May 31, 2009, Marathon starts at 6:30 a.m. sharp; 5K starts at 7:00 a.m. sharp
Where: Grumbacher Center @ York College – most of the course is on the Heritage Rail Trail
Cost: \$50.00 – Marathon – Pre-registered postmarked by April 15; \$60 after April 15
Cost: \$15.00 - 5K – Pre-registered postmarked by April 15; \$20 after April 15; \$10 for students
Packet Pickup – 6:00 p.m. to 8:00 p.m at the Grumbacher Center
Course: Flat and fast on the Heritage Rail Trail

Age Groups:

Marathon - 18-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74, 75-over
Clydesdale Division – Men 180 lbs. and over Philly Division – Women 150 lbs. and over
5K – 14 & under, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74
75-over

Awards: Top male and female overall and first three in each age group.

The time chip must be worn around your ANKLE. Failure to do so will exclude you from the results. Wear your bib number with pull tag on your front. The chip must be returned at the finish line or you will be charged an additional \$20.

Mail completed application and check payable to:

Bob Potts Marathon
c/o Robin Potts Myers
1095 Roth Church Rd.
Spring Grove, PA 17362

Shirt Size:

___XL ___L ___M ___S

Your E-mail _____ Phone # _____

Name _____ []M [] F Birth Date __/__/__ Age race day _____

Clydesdale or Philly Entrant? _____ If so, current weight. _____

Address _____ City _____ State _____ Zip _____

Waiver: I know that a running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, dehydration, traffic, ice and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the City of York; The York Road Runners, York County Parks, all sponsors, Race Directors, their agents, servants and volunteers, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings, and any other record of this event for any legitimate purpose. Roller Blades, Baby Joggers, Headphones, Animals are prohibited from participating in this race.

Signature _____ (if under 18, signature of parent or legal guardian.)

If you do leave the race without returning your chip, you will be billed \$20. To avoid this charge, please return the chip.

If you have any questions, email **Sean Potts** at bobpottsmarathon@yahoo.com.